STATE OF INDIANA ~ 2010 MONTHLY PLAN RATES

PLAN	PHONE	COVERAGE	EARLY RETIREES	COBRA
		Single	\$299.74	\$305.73
Consumer Driven Health Plan 1		Family	\$886.69	\$904.42
Anthem Insurance Companies, Inc.	1 077 014 0700		, , ,	, , ,
State of Indiana Operations Unit PO Box 390	1-877-814-9709		w/non-tobacco incentive:	w/non-tobacco incentive:
Indianapolis, IN 46206-0390		Single	\$278.07	\$283.63
Indianapons, nv 46206-0390		Family	\$865.02	\$882.32
		Single	\$391.00	\$398.82
Consumer Driven Health Plan 2		Family	\$1,085.98	\$1,107.70
Anthem Insurance Companies, Inc.			. ,	
State of Indiana Operations Unit	1-877-814-9709		w/non-tobacco	w/non-tobacco
PO Box 390			incentive:	incentive:
Indianapolis, IN 46206-0390		Single	\$369.33	\$376.72
		Family	\$1,064.31	\$1,085.60
T 1 PPO		Single	\$580.28	\$591.88
Traditional PPO		Family	\$1,595.06	\$1,626.96
Anthem Insurance Companies, Inc.	1 077 014 0700		/ . 1	/ 1
State of Indiana Operations Unit PO Box 390	1-877-814-9709		w/non-tobacco incentive:	w/non-tobacco incentive:
Indianapolis, IN 46206-0390		Single	\$558.61	\$569.78
muranapons, nv 40200-0390		Family	\$1,573.39	\$1,604.86
		Single	\$519.46	\$529.85
Welborn Health Plans		Family	\$1,395.46	\$1,423.37
Attn: Enrollment Department			4 - 10 / 2 / 1 / 2	, -,
101 S. E. Third St	1-800-521-0265		w/non-tobacco	w/non-tobacco
Evansville, IN 47708			incentive:	incentive:
		Single	\$497.79	\$507.75
		Family	\$1,373.80	\$1,401.28
Delta Dental ~		Q:1-	¢20.05	¢22.40
PO Box 30416	1-800-524-0149	Single Family	\$20.05 \$58.06	\$22.49 \$59.22
Lansing, MI 48909-7916	1-000-324-0149	raility	\$36.00	\$39.22
Anthem Blue View Vision Select				
Anthem Insurance Companies, Inc.		Single	\$3.55	\$3.62
State of Indiana Operations Unit	1-877-814-9709	Family	\$9.01	\$9.19
PO Box 390				
Indianapolis, IN 46206-0390				
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Key Benefit Administrators, Inc.		Flexible Spending Accounts		
P. O. Box 55210	1-800-558-5553	, c		
Indianapolis, IN 46205-0210		Medical and Dependent Care		
Medicare Complementary Program		Without RX coverage: \$287.50		
Anthem Insurance	1-877-814-9709	-		
		With RX coverage: \$1,016.05		